237858

CUMBERLAND COUNTY LANDFILL

HAZARDOUS WASTE DETERMINATION CERTIFICATION

GENERATOR INFORMATION

Generator Name:	USEPA Region 2	- Riverside Avenue S	ite					
Address: 29 Riv	erside Avenue	City: Newark	C	ounty: Essex	State:	NJ .	Zip Code: 07104	
Company Contact WASTE STREAM	Name: Eric Daly INFORMATION		Title: On-Sco	ene Coordinator	Phone: (732)	321 - 4350	:
Waste Type: (check one) Waste Description	Residual Construction/ Non-hazardou	· —	Special Handling Municipal Personal protective ec	quipment	Waste Quantity ☐ Per Month Or ☐ One-Time Disposal	45	tons cubic yards	
Source of Waste	/ Project Name:	Riverside Avenue Sit	•					
The undersigned, be Company has comp	eing duly authorized leted a hazardous wa	by the Generator who aste determination on t (the "Act"), and 25 P	the above reference	ed waste stream in	accordance with Sub	chapter D, "	h, hereby certifies that Hazardous Waste" of Determination").	the the
The determination co ⊠ (1) ⊠ (2)	has not been exclusionis not a listed haza	te stream described abuded from regulation a ardous waste, contains d is not a characteristic	ccording to 25 PA C a listed waste or is	ode 261a.1 derived from a listed	d waste according to		s appropriate): Article VII or Subchap	pter
(3)) if the hazardous v stream, it contain	vaste determination ha	as not been accompl	ished heretofore, I	herein certify that ba		knowledge of this wa "characteristic waste"	
Name of Responsible Official:	ric Daly For V	SEPA Title:	OSC	Taken, sworn, and subscribed before me this	day of		A.D. 20	· ·,
Signature:		> Date:	1/4/12	Notary Seal	· ·			
				•			<u></u>	



COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF WASTE MANAGEMENT

FORM U

REQUEST TO PROCESS OR DISPOSE OF RESIDUAL WASTE

This form must be fully and accurately completed. All required information must be typed or legibly printed in the spaces provided. If additional space is necessary, identify each attached sheet as Form U, reference the item number and identify the date prepared. The date on attached sheets needs to match the date noted below. Date Prepared/Revised 1/4/12							
		CLIENT (LANDFILL OR	DDUCESSING E	ACUSITY	V/OWNIE	D/ INFO	PMATION!
DEP Client ID#		DEP Client Type / Code	FVACESSING	ACILII	I O ANIME	K) IIYF O	
77240		NPACOR	·		•		
	lame or Registe	red Fictitious Name				•	·
	efuse Service, I					•	•
		DFILL SITE (LANDFILL (OR PROCESSING	FACIL	ITV) INS	ORMAT	LIUN
DEP Site ID#	Site Name		JICT TO GEOOM C) I AUIL	HELF HEL		Permit ID#
254520		l County Landfill				100945	
Site Contact La		First Name		MI			ffix
Hilbert		Dusty	•	••••		·	
Site Contact Ti	tle ·		Contact Email Ad	dress			
Compliance M	lanager		bert@iswaste.cor				•
SECT	ION C. GEN	NERATOR CLIENT (GEN	NERATOR OF TH	IF WAS	TE) INF	ORMAT	ION.
Company Nam	ė	<u> </u>			/r = / // to to		erator ID#
	n 2 - Riverside	Avenue Site		* 12		DEF GEIN	erator ID#
Company Cont	act Last Name	First Name	MI	<u> </u>		Suffix	<u> </u>
Daly		Eric		11:		Ouilla	d.
Company Maili	ng Address Lin	e 1 Cor	npany Mailing Add	ress Lir	ne 2		···
2890 Woodbri			lding 205, (MS-21				
Company Addi	ress Last Line –	City State	Zip+4		Count	rv	- 1
Edison		NJ	08837		USA		
Company Phor		Company Email Address					
732-321-4350		daly.eric@epa.gov					•
Company Cont	act Last Name	First Name	MI			Suffix	·
						-3 _.	
Contact Phone	Ext	Contact Email Address				,	· ·
If a Subsidiary,	Name of Paren	t Company	•				
In 4h							-
Is the waste ge	nerated at the C	ompany Mailing Address (no	ted above)?			Yes	⊠ No
Diverside Ave	e location of wa	ste generation and storage.			:		
	nue Site, 29 Riv Iewark						
TOWNSHIP I	Newaik	County Essex			State	NJ	
<u> </u>		SECTION D. WAST	EDESCRIPT	ION			
Residual		Residual Waste			Unit of		Time
Waste Code		ode Description	Amount		leasure	• •	Frame
501	Asbestos Con	taining vvaste	45	cu		gal	:
		· · · ·		☐ lb		ton 🛛	One Time
• -U Do	- 2	1. GENERAL F			0.00		
a. pH Rang			analyses or knowled	lge)			
b. Physical	State	Liquid Waste (EPA Metho					
		Solid (EPA Method 9095)				:	
	-	Gas (ambient temperatur	e & pressure)				
c. Physical	Appearance	Color varies		dor n	ione		
		Number of Solid or Liquid P	hases of Separation	on 1	4.		
Describe each phase of separation.							
	<u> </u>	solid debris in bags and pe	rsonal protective	equipme	ent		

SECTION	F. SOURCE REDUCTION STRATEGY	
Form 25R must be co unle	ompleted by the generator and attached to this application ss waived in the instructions to that form.	n
Form 25R attached.	☐ Yes ☐	No X Waived
SECTION G. CERTIFIC	ATION OF PROCESSING OR DISPOSAL FA	ACILITY
I hereby certify that the statements of fact co- belief. This statement and verification is ma- falsification to authorities.	ontained therein are true and correct to the best of my knowle ade subject to the penalties of 18 Pa. C.S.A. Section 4904, rel	dge, information and ating to un-sworn
Name of Responsible Official	Title	
Signature	Date	-

Form U Application Additional Information

D.2.a Description of the waste sampling method

Debris was stockpiled in 3 separate areas of the building; grab samples were taken from the stockpile at various locations and then combined into one composite per location for analysis in accordance with SW846.

D.3.a Description of the manufacturing and/or pollution control processes producing the waste.

CERCLA cleanup of an abandoned industrial facility which previously housed a paint manufacturer, packaging company, and chemical warehouse; debris is from building deterioration and cleanup activities. Analysis shows the debris is nonhazardous but it is known to contain small amounts of friable asbestos.

D.3.b. Schematic of the manufacturing process:

